

MUNICIPAL BOARD MEMBERSHEALTH DISTRICT NO. 1

Mr. Metro Wintonyk
P.O. Box 9
Stornoway, Sask.
S0A 3E0

Telephone: 273-4736

(term expires April 1986)

HEALTH DISTRICT NO. 2

Mrs. Frances Korchinski
P.O. Box 128
Hubbald, Sask.
S0A 1G0

Telephone: 795-2893

(term expires April 1987)

HEALTH DISTRICT NO. 3

Mr. William Patrick
P.O. Box 33
Grayson, Sask.
S0A 1E0

Telephone: 790-2092

(term expires April 1986)

HEALTH DISTRICT NO. 4

Mr. George Leven
P.O. Box 198
Canora, Sask.
S0A 0L0

Telephone: 563-4291 - home
563-5671

(term expires April 1987)

HEALTH DISTRICT NO. 5

Mr. Edward Brezinski
P.O. Box 314
RICHMOND, Sask.
S0A 0J0

Telephone: 592-2292

(term expires April 1986)

HEALTH DISTRICT NO. 6

Mr. Paul Stan
P.O. Box 431
FOYI LAKE, Sask.
S0A 1A0

Telephone: 272-4234

(term expires April 1987)

DIRECTOR AND MEDICAL HEALTH OFFICER

Dr. D.C. Watler

REGIONAL NURSING SUPERVISOR

Miss C. Kerr

SENIOR PUBLIC HEALTH INSPECTOR

Mr. L. Wright

SENIOR CLERK STENOGRAPHER

Mrs. M. Montain

PUBLIC HEALTH NURSE II

Mrs. B. Rushowick ±
Mrs. V. Stewart

PUBLIC HEALTH INSPECTOR II

Mr. H. Catchuk-(retired
September 30, 1984)

REGIONAL NUTRITIONIST

Mrs. J. Bergerman

SPEECH/LANGUAGE PATHOLOGISTS

Mrs. S. Bond-Moore
Miss H. Lounsbury

EARLY CHILDHOOD PSYCHOLOGIST

Mrs. D. Parker-Loewen
(currently on educational leave)

CHIROPODIST

Dr. A.N. Todd
Ms. K. Morgan (Chiropraxy Assistant)

AUDIOLOGIST

Miss A. Blair

- / - / - / - / - / - / - / - / - / - / - / - / - / - / - /

YORKTON

Mrs. S. Kozicki, Public Health Nurse I
Mrs. D. Churko, Public Health Nurse I
Mrs. J. Zabaik, Public Health Nurse I
Mrs. D. Norman, Public Health Nurse I
Miss M. Miller, Public Health Nurse I
Miss D. Kahoot, Clerk Stenographer II
Mrs. M. Karakachuk, Clerk Typist II
Mrs. D. Salkeld, Clerk Typist II
Mr. A. Gazdewich, Public Health Inspector I

KAMSACK

Miss I. Allsen, Public Health Nurse I
(retired January 31, 1984)
Miss B. Van Parys, Public Health
Nurse
Mr. A. Rakochy, Public Health
Inspector

PREECEVILLE

Mrs. M. Demetrow, Public Health Nurse I
Mrs. D. Maksymiuk, Public Health Nurse I

MELVILLE

Mrs. S. Bell, Public Health Nurse I
(retired September 30, 1984)
Mrs. M. DeBruin, Public Health Nurse I
Mrs. J. Oucharek, Public Health Nurse I*
Mrs. G. Walls, Clerk Typist II *
Mr. J. Bell, Public Health Inspector I

ITUNA

Mrs. B. Blenner-Hassett, Public
Health Nurse I (June 4, 1984)

THEODORE

Mrs. L. Wunder, Public Health Nurse I

ESTERHAZY

Mrs. L. Tochor, Public Health Nurse I
(currently on educational leave)
Mrs. G. Stumborg-Rosin, Public Health Nurse I
Mr. G. Combres, Public Health Inspector I

NORQUAY

Mrs. F. Johnson, Public Health Nurse I

FOAM LAKE

Miss E. Kimber, Public Health Nurse
(August 20, 1984)
Mrs. B. Arneson, Public Health Nurse
(resigned August 17, 1984)

CANORA

Mrs. D. Korol, Public Health Nurse I
Miss C. MacLeod, Public Health Nurse I
Mr. N. Catchuk, Public Health Inspector II
(retired September 30, 1984)

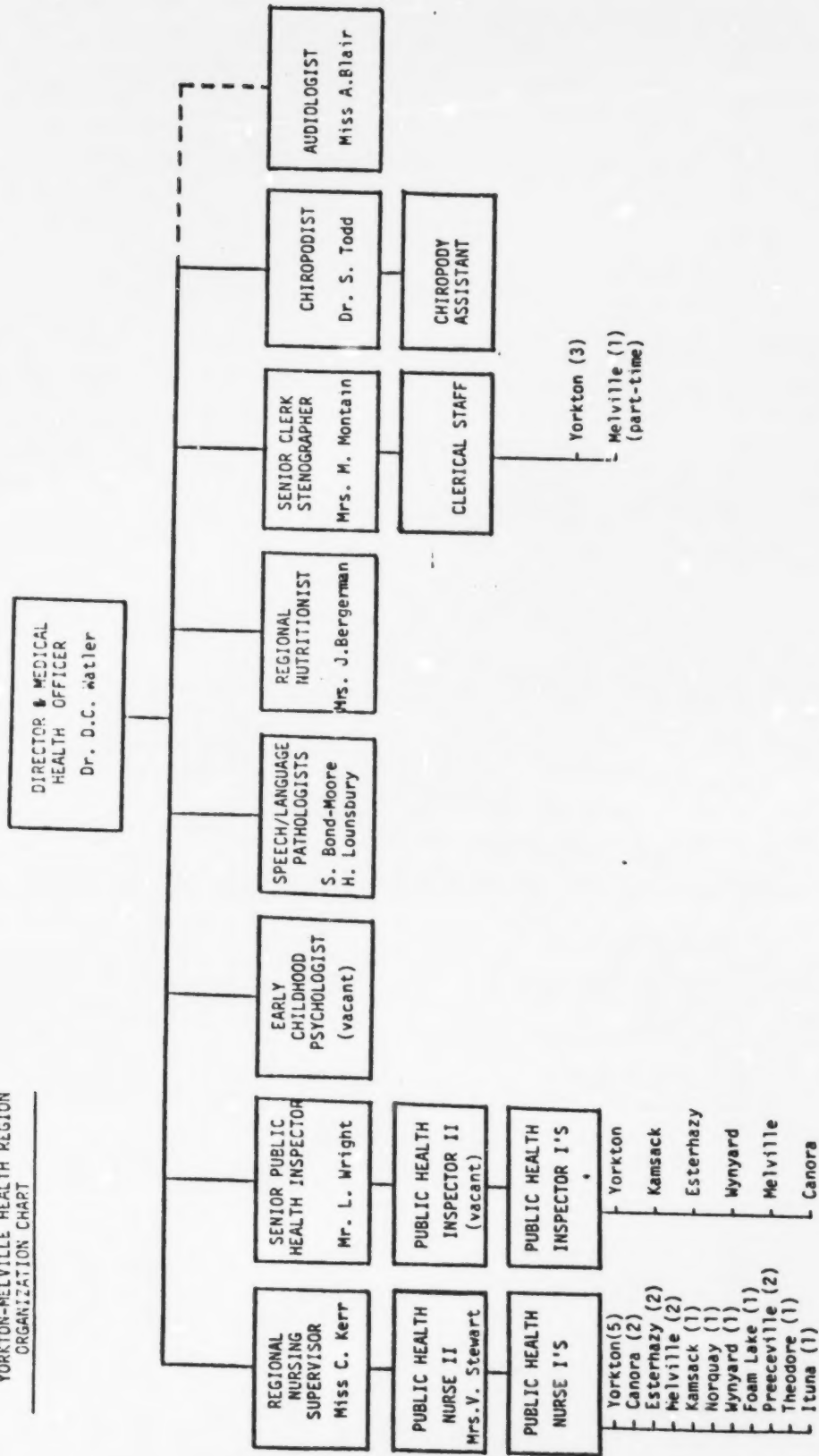
WYNYARD

Miss C. Stefan, Public Health Nurse I
Mr. B. Wright, Public Health Inspector

± maternity leave Nov. 13/84

* Part-time

YORKTON-MELVILLE HEALTH REGION
ORGANIZATION CHART



December 31, 1984

Chairman's Report to Board for 1984 - Mr. W. Patrick

I was appointed Board Chairman in January 1984, and presided over all six Board Meetings held during the year. Attendance at Board Meetings averaged over 80% with at least 5 members out of 6 attending each meeting. Two general Regional Health Council meetings were held in April and October, and the attendance at these meetings was approximately 70%. This improved attendance is gratifying and it is hoped that the interest and participation in these meetings will continue to increase.

The following is a summary of the main activities of the Board during the year:

- (1) A study was made of health district boundaries and owing to the population maldistribution it was decided to recommend the formation of another district consisting of Yorkton City alone with some slight redistribution to attain a more equitable population between districts. This was approved by the Health Council meeting in October and has been forwarded to the Department of Health for approval. It is understood that there will be no objection to this, and early final approval is expected.
- (2) No smoking is now permitted during Board and Council meetings, a unanimous motion to this effect being passed at the Council Meeting in April. The Board is very pleased with this, as there can be no doubt about the serious health hazards of smoking, and the example set by health representatives is very timely and appropriate. No members of the Board are smokers, and during breaks at Council meetings only a very few health representatives are seen to be smoking.
- (3) The Board and Council continued to emphasize the need for more chronic care beds (Levels III and IV), and many resolutions on this were passed as, in this Health Region the elderly number 16.8% (provincial average 12%), and there is great concern about placements for the elderly, and the need for coordination and more effective delivery of services.
- (4) All resolutions passed at Board and Council meetings were submitted to the Minister of Health who in every case responded fully and in an appreciative and understanding manner. It is clear that the Minister respects and welcomes the input on health being provided by the Health Representatives.

(5) Both myself and Mr. Brezinski attended the annual Field Staff and Public Health Association meeting in April 1984. This provided a good opportunity to meet other Board members, and to become more aware of province-wide health concerns.

(6) Progress continued to be made on the role of Regional Boards of Health and a comprehensive report by an ad hoc Committee consisting of certain Board Chairmen and other officials from the Department of Health was presented to the Minister in June. Following this, I attended a meeting of all Board Chairmen in November where the report was completely discussed, and all the 17 recommendations of the report carefully considered. All the recommendations are not yet finally approved as input has to be obtained from other agencies such as SUMA. At this time, however, there is complete agreement and approval on the following:

- That annual consultations between the Minister and Chairman of Regional Boards take place; this to be in the spring at the Annual Field Staff Meeting
 - That an annual meeting be held between Board Chairmen and the Executive Director of Community Health Services Branch
 - That Community Health Services Branch prepare an orientation and policy manual outlining organization and programs in the Branch, and indicating roles and responsibilities of health representatives (to be called in future municipal health representatives). A Committee is in fact already now working on such a manual.
 - That a one-day educational seminar be held annually for all municipal health representatives and Board Members. In fact this Region has already been doing this at the two council meetings held each year, and also at regular Board Meetings.
- (7) The Board is pleased that the pesticide can disposal program became more reliable and effective during the year. This has long been a matter of concern.
- (8) Health educational presentations were made to the Board during the year as follows:
- Mrs. Sharon Bond-Moore on Speech-Language Pathology where a video tape was shown dealing with the types of problems encountered in preschool children, and the normal development to be expected.

(8) continued

- Dr. Watler showed a film on smoking called "Death in the West" ridiculing the macho image of the Marlboro man used in promoting the Marlboro cigarettes, and emphasizing the serious health hazards of smoking

- Dr. Todd on the new Chiropody Program

- Dr. Watler on Prevention and early Detection of Cancer

- Dr. West and Mr. Malach from the Regina Office on general matters related to Board's activities and health concerns - this visit by Central Office staff was much appreciated as it provided an excellent forum for mutual discussions.

These educational presentations are an important part of the Board's activities.

In conclusion, I would like to thank all members of the Board and Council for their cooperation during the year; for their interest, participation, and support, all of which are so essential to ensure the necessary community involvement in health related concerns. We are also grateful to the staff members of the Community Health Services Branch in this Region for their cooperation with us, and for the excellent service they continue to provide.

Annual Review - 1984

Director and Medical Health Officer - Dr. D.C. Watler

It is again a pleasure to give an annual report for the calendar year, 1984, and it is now 5 years since I have been working in this Region.

The following health educational conferences were attended during the year:

- Annual Meeting of the Saskatchewan Public Health Association in April where the theme of the Conference was Man, his Environment and the Future
- Medicine, Today and Tomorrow: a meeting sponsored by the University of Saskatchewan in celebration of the 75th Anniversary of the founding of the University. An update was given on recent advances in medicine, and trends for the future. Presentations were all given by Saskatchewan university graduates who hold eminent positions in medical research and teaching in centres throughout the U.S.A. and Canada.
- Seminar on Nutrition, Health and Exercise sponsored by the Department of Health and the University of Saskatchewan. The growing awareness of the importance of nutritional practices in the prevention of illness and the maintenance of health was presented by eminent authorities in this field.

Other personal activities of note during the year were:-

(i) Acting as Medical Health Officer for the Melfort-Tisdale Health Region during the entire year. This necessitated a lot of travelling and extra duties and responsibilities, and was unsatisfactory as it meant less time was available for work in this Region. This acting arrangement was expected to have lasted only a few months but was prolonged owing to delay in obtaining a physician for the Melfort region. By February 1985, however, a permanent appointment was made and my anticipation is that I will now be able to work full-time in this Health Region.

(ii) Work with the Vision Screening Committee was completed, but staffing and other unforeseen circumstances have prevented its implementation to date.

(iii) The Medical Advisory Committee to the Saskatchewan Division of the Canadian Cancer Society was reactivated during the year and as a member of this Committee I participated in meetings and discussions.

(iv) I was nominated a member of the Board of management of the Sexual Assault Centre in Yorkton, and participated in trying to resolve the many problems associated with Family Violence and Sexual Abuse.

(v) I was the guest speaker at the Annual Meeting of the Yorkton Unit of the Saskatchewan Cancer Society and the topic presented was: Proven Cancer Control Strategies and unproven therapies.

(vi) A Seminar was given to a Senior Citizens Group in Hyas dealing with Geriatric Nutrition, proper use of medication, and the value of exercise.

(vii) A Seminar on infectious diseases relevant to Dental Practice was presented to the Dental Assistants at their Regional Annual In-Service education meeting.

Apart from the above there were the regular on-going activities e.g.: interagency meetings, staff supervision and in-service education, providing consultation to physicians on infectious diseases, program evaluation, liaison meetings and discussion with central office and other regional staff.

Certain highlights in the Region's work during the year are worthy of mention:

- Staffing problems: Public Health Nursing and Public Health Inspection personnel were particularly affected, and more about this will be given in the individual reports. In spite of the difficulties however, basic programs have been maintained, but no expansion could be entertained.

- The Chiropody program was initiated in the summer, and has been well received by the community.

- An audiologist is now working in the Region for 75% of the time, and is a very valuable improvement to the services provided locally.

- No Early Childhood Psychologist again worked in this Region during the year, but the incumbent is expected to complete her Ph.D. this year, and be returning to work by mid 1985. In her absence, the Parkland Early Childhood Intervention Program has helped to fill an important gap, but there is a great need for more services not only for developmentally delayed children, but also for emotionally and mentally

Disturbed children, adolescents and adults. Health must be regarded in a holistic manner, and the present fragmentation of mental health services is unfortunate and unwise.

- Rehabilitation Clinics were held twice during the year with Dr. White in attendance. A total of 79 patients were seen.

- The rheumatic fever prophylaxis program was maintained during the year and 66 patients are now on the caseload. It is interesting to note that while streptococcal infections are as frequent as ever, the number of new rheumatic fever cases (with or without organ damage to heart and kidney) remain very small. The reason for this is not evident at this time.

In conclusion I would like to thank all members of the Board and Council for their cooperation, participation, and interest in the work of the Department. Without such useful community input, the work of our staff would have been more difficult. I am also grateful to all members of the staff for their productivity, good humour and continued excellent work despite the stresses and extra work occasioned by staffing uncertainties.

Vital Statistics and Communicable Disease Report

Table I shows the population of the Yorkton-Melville Health Region for 1984 - the data being derived from the mid-year statistics of the SHSP covered population. This total population of 82,881 includes 4,352 registered Indians, and is a slight decrease of 0.3%. There was a decrease of 0.5% in the white population and an increase of 3.6% in the native population.

Table II shows the population of Saskatchewan as 1,028,965, an increase of 1.4%, which is the identical percentage increase during the previous year. The progressive aging of the population should again be noted with more than 17% of the persons in this Health Region being 65 years of age or older. There is no need to repeat the implication this has for health and economic planning.

Table III gives a summary of the vital statistics for the years 1974-1984, and compares this with those of the province. The definitions of the terms used have been given in previous annual reports.

Table IV shows the incidence of certain important communicable diseases for the years 1974-1984, and the following comments are relevant:

(1) Hepatitis A (infectious hepatitis). There was a very significant increase in cases reported in 1984 giving an incidence of 109/100,000 population. A similar increase in this disease was noted province-wide but moreso in the central and northern regions. This condition is spread by faecal-oral contact, but in no instance was there any common-source identified in food or water as being responsible for any case or group of cases; the condition therefore must have spread through person-to-person contact due to suboptimal personal hygiene and unsatisfactory environments. Another factor that was responsible was the absence of an epidemic within the last 7-8 years, so that the natural level of immunity in the population had become very low. Fortunately in the great majority of cases, the disease was relatively mild, and no deaths occurred.

(ii) Salmonellosis - There was a gratifying reduction in cases in 1984, and no foodborne outbreaks occurred as was the case in the previous year. A breakdown of the 21 cases shows the following serotypes:

Salmonella typhimurium	- 15
Salmonella infantis	- 2
Salmonella enteritidis	- 1
Salmonella panama	- 1
Salmonella agona	- 1
Salmonella unspecified	- 1

(iii) Again no cases of measles or rubella were confirmed, and this makes three consecutive years where this has been noted. There is no doubt that the intensive immunization program is responsible for the absence of these diseases.

(iv) Giardiasis - Again an increase is noted, and this is probably largely due to more awareness of the condition on the part of physicians with more stools being examined. In many cases there is no possible tracing to surface water ingestion, and we believe that intimacy with domestic animals is the main source of this infection. Children particularly should be warned not to have domestic pets lick their faces and to practise good personal hygiene after playing or feeding pets.

Table V compares rates of certain notifiable diseases between our Health Region, Saskatchewan and Canada. As usual some caution in interpretation is advisable, owing to variations in reporting patterns across the province and the country.

Rabies Table VI shows that the skunk again was the animal most likely to be rabid, but that the prevalence of the disease in this animal appears to be lower in the last 2 years. Fortunately there was no animal confirmed as rabid that was involved in biting any human. There is no cause for complacency about rabies, however, as this is an area with endemic rabies in wild life and at any time there can be a flare-up with its attendant risks to domestic animals and humans. We continue to investigate thoroughly all cases of reported animal bites, as clinical rabies in humans is always fatal. No cases of rabies in humans has occurred in this province since 1970.

TABLE I

POPULATION BY AGE GROUP - YORKTON-MELVILLE HEALTH REGIO

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	3040	3014	6054
5 - 9	3136	3007	6143
10 - 14	3257	3196	6453
15 - 19	3793	3520	7313
20 - 24	3500	2972	6472
25 - 29	2955	2689	5644
30 - 34	2657	2438	5095
35 - 39	2236	2219	4455
40 - 44	1983	1967	3950
45 - 49	1916	1917	3833
50 - 54	2004	1978	3982
55 - 59	2315	2238	4553
60 - 64	2363	2343	4706
65 - 69	2196	2213	4409
70 - 74	1934	2027	3961
75 - 79	1341	1481	2822
80 - 84	831	939	1770
85 - 89	354	482	836
90+	168	262	430
TOTAL	41979	40902	82881

Total Population: 82881

Total Youth Dependency Ratio: .372

Total Aged Dependency Ratio: .284

Total Dependency Ratio: .657

Population < 15 years of age: 22.5%

Population > 65 years of age: 17.16%

Male to Female Ratio of Population: 1.026:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

For Health Region No. 10 this ratio is higher than for the provincial total owing to the greater number of dependent persons 65 years and over.

TABLE 11

POPULATION BY AGE GROUP - SASKATCHEWAN

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	44566	42636	87202
5 - 9	41972	40321	82293
10 - 14	40509	38797	79306
15 - 19	44190	41985	86175
20 - 24	51671	49428	101099
25 - 29	48160	46007	94167
30 - 34	40527	37923	78450
35 - 39	32092	30714	62806
40 - 44	25163	24473	49636
45 - 49	22768	22181	44949
50 - 54	23185	22852	46037
55 - 59	23166	23536	46702
60 - 64	22327	23320	45647
65 - 69	19207	21023	40230
70 - 74	15525	17776	33301
75 - 79	10891	12965	23856
80 - 84	6607	8296	14903
85 - 89	2957	4715	7672
90+	1643	2891	4534
TOTAL	517126	511839	1028965

Total Population: 1,028,965

Total Youth Dependency Ratio: .379

Total Aged Dependency Ratio: .189

Total Dependency Ratio: .563

Population < 15 years of age: 24.1%

Population > 65 years of age: 12.0%

Male to female ratio of population: 1.010:1

TABLE III SUMMARY OF VITAL STATISTICS 1974-1984

ITEM	1974	1975	1976	1977	1978	1979	1980	1981*	1982	1983	1984
* Population Saskatchewan	922,487	931,291	949,463	961,526	970,510	976,734	982,237	990,746	1,000,667	1,014,496	1,028,965
Population Health Region #10	84,126	84,381	85,099	85,242	84,838	84,442	83,571	82,952	83,332	83,154	82,881
Live Births Saskatchewan	15,118	15,255	15,969	16,547	16,551	16,977	17,116	17,300	17,759	17,823	18,090
Live Births Health Region #10	1,113	1,078	1,135	1,155	1,151	+	1,132	1,141	1,105	1,141	1,047
Birth Rate, Saskatchewan	16.8	16.8	17.3	17.7	17.1	17.7	17.4	17.5	17.7	17.6	17.6
Birth Rate, Health Region #10	13.5	13.2	13.7	13.6	13.6	+	13.5	13.8	13.3	13.7	12.6
Gross Reproductive Rate, Sask.	1.192	1.159	1.126	1.113	+	+	1.011	1.005	1.015	0.999	1.004
Gross Reproductive Rate, HR#10				1.046	1.027	+	1.006	0.903	0.964	0.997	0.918
Infant Deaths, (< 1 year) Sask.	313	272	229	249	236	189	193	200	181	177	168
Infant Deaths, (< 1 year) HR#10	21	12	9	14	13	14	11	13	5	9	14
Infant Mortality Rate Sask.	20.7	17.8	14.3	15.0	14.5	11.1	11.3	11.6	10.2	9.9	9.3
Infant Mortality Rate HR#10	18.9	11.1	7.9	12.1	11.6	+	9.7	11.4	4.5	7.9	13.4
Neonatal Deaths, Saskatchewan	191	164	139	156	151	117	101	108	110	102	102
Neonatal Deaths, H.R. #10	17	7	7	9	+	+	+	9	2	3	6
Neonatal Death Rate, Sask.	12.6	10.7	8.7	9.4	9.5	6.9	5.9	6.2	6.1	5.7	5.6
Neonatal Death Rate, HR#10	15.3	6.5	6.2	7.8	+	+	+	7.9	1.8	2.6	5.7
Perinatal Deaths, Saskatchewan	341	280	269	295	274	235	223	+	191	185	174
Perinatal Deaths, H.R. #10	+	+	+	+	+	+	+	14	7	10**	10
Perinatal Death Rate, Sask.	22.3	18.2	16.7	17.7	16.4	13.7	12.9	+	10.7	10.3	9.6
Perinatal Death Rate, H.R.#10	+	+	+	+	+	+	+	12.2	6.3	8.7	9.5
Total Deaths Sask.											7712
Total Deaths HR#10											792

* Based on SHSP mid-year population available.

** 7 stillbirths and 3 deaths within the first 7 days of life

† Not available

TABLE IV

INCIDENCE OF CERTAIN COMMUNICABLE DISEASE (1974-1984)

DISEASE	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
Gonorrhoea	86	55	56	46	35	24	31	38	29	27	24
Syphilis	3	3	4	5	4	0	1	1	0	0	2*
Hepatitis A	27	6	0	11	1	5	6	2	4	4	90
Hepatitis B					1	1	1	1	0	0	0
Salmonellosis	14	6	18	7	10	23	14	15	7	93	21
Measles	88	61	22	26	14	68	39	5	0	0	0
Rubella	1	4	0	0	1	17	8	0	0	0	0
Pulmonary Tuberculosis	5	4	21	2	3	1	11	5	2	2	1
Shigellosis Bacillary Dysentery)						2	13	33	8	1	4
Meningitis						11	8	17	13	4	4±
Giardiasis†									8	13	38

* These two cases were both late latent syphilis, and not infectious

± These were 4 cases of bacterial meningitis, the causative organism in two cases being the pneumococcus, and a haemolytic streptococcus; in the other two, the organisms were not isolated

† Not previously tabulated before 1982

TABLE V

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES (1980-1984)*

Health Region No. 10 82,881 (SHSP mid-1984)
 Saskatchewan - 1,028,965 (SHSP mid-1984)
 Canada - 25,127,900 (Statistics Canada estimated mid-1984)

DISEASE	1980 (Rate per 100,000 population)			1981 (Rate per 100,000 population)			1982 (Rate per 100,000 population)			1983 (Rate per 100,000 population)			1984 (Rate per 100,000 population)		
	Health Region No. 10	SASKATCHEWAN	CANADA	Health Region No. 10	SASKATCHEWAN	CANADA	Health Region No. 10	SASKATCHEWAN	CANADA	Health Region No. 10	SASKATCHEWAN	CANADA	Health Region No. 10	SASKATCHEWAN	CANADA
Gonorrhoea	37.1	264.9	223.4	45.6	272.1	272.4	34.8	246.5	214.5	32.5	200.0	178.1	29.0	176.0	169.0
Syphilis	1.2	4.5	12.7	1.2	2.1	12.2	nil	2.1	3.9	0	0.9	4.3	2.4	2.7	11.6
Hepatitis A	7.2	18.4	5.7	2.4	11.9	4.4	4.8	8.2	4.9	4.8	13.7	5.0	108.6	75.5	9.6
Hepatitis B	1.2	10.9	4.7	1.2	9.3	4.3	nil	16.0	5.1	0	16.5	7.6	0	18.8	7.0
Salmonellosis	16.7	23.4	35.9	18.0	25.0	32.1	8.4	45.5	34.5	111.8	82.4	35.9	25.3	48.1	43.3
Measles	46.7	30.6	56.3	6.0	6.4	9.5	nil	3.6	4.2	0	0.2	3.7	0	0.9	16.4
Polio	9.6	38.4	13.1	0	7.3	6.8	nil	6.4	12.1	0	8.1	30.0	0	3.0	7.2
Pulmonary Tuberculosis**	13.2	10.8	9.5	4.8	10.8	8.4	2.4	12.5	9.3	2.4	10.5	7.7	1.2	10.1	7.7
Shigellosis	15.6	39.7	9.8	39.6	68.0	10.1	9.6	61.8	8.2	1.2	27.1	7.2	4.8	31.5	7.9
Giardiasis										15.6	10.8	10.3	45.8	24.7	26.2

The rates for Canada were calculated from a total population of 24,859,000 which is the estimated 1983 figures obtained from Statistics Canada, and based on the national census in 1981; and for Saskatchewan from the SHSP June 30, 1983 population of 1,014,495. Population for 1984 is shown at top right of the page.

* Source: Canada Diseases Weekly Report, February 4th, 1984.

** This includes both cases bacteriologically confirmed and not bacteriologically confirmed as well as cases of primary tuberculosis.

† Source: Canada Diseases Weekly Report, Jan. 26, 1985. (Reports for the last week in 1984 not yet available but this should make no significant difference)

TABLE VI RABIES

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN BITE				
	1980	1981	1982	1983	1984	1980	1981	1982	1983	1984	1980	1981	1982	1983	1984	1980	1981	1982	1983	1984
Skunk	14	32	31	5	5	10	22	20	5	5	71.4	68.8	64.5	100	100	2	-	1	-	-
Cat	7	11	14	18	11	-	1	1	-	-	-	9.1	7.1	-	-	-	1	1	-	-
Dog	8	13	24	14	17	1	1	2	-	1	12.5	7.7	8.3	-	6	-	1	-	-	-
Bovine	2	8	5	5	2	-	3	-	-	-	-	37.5	-	-	-	-	-	-	-	-
Coyote	1	3	6	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Porcupine	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fox	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Goat	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Owl	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Raccoon	-	3	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Copher	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Horse	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bat	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mole	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Squirrel	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chipmunk	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mouse	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rat	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Muskrat	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabbit	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	34	76	91	48	41	11	27	23	5	6	32.4	35.5	25.3	10.4	14.6	2	2	2	-	-

Three cases received post-exposure rabies prophylaxis:

- one was for a dog bite where the dog had been destroyed by burning;
- another for a cat with very abnormal behavior, which later turned out negative;
- and the other for a bite in a park by an unknown animal which escaped into the night.

Public Health Nursing - Miss Carol Kerr

In the past year the efforts of all the Public Health Nurses have been directed toward assisting individuals, families and communities in attaining a higher degree of wellness and enjoying healthy living. Nursing programs facilitate meeting these objectives.

In 1984 our Health Region experienced a number of changes in the Public Health Nursing staff. Despite these, the service continued to be provided by the Nursing Staff. The hiring of staff for vacant positions was often delayed significantly due to freezing of positions. This resulted in providing priority service only to vacant districts.

Kamsack Office: Irene Allsen, Public Health Nurse I retired January 31, 1984. Miss Allsen worked with Saskatchewan Health for the past 32 years, her last 7 years of Public Health Nursing were spent working in the Kamsack district. This position was filled on a temporary basis by Miss Allsen from May up to August 1984 when the position was filled by Mrs. Beverly Van Parys.

Foam Lake: Mrs. Brianna Arneson, Public Health Nurse I provided coverage on a part-time basis up to August 19, 1984, when Miss Edith Kimber, Public Health Nurse I joined our staff.

Esterhazy: Mrs. Ginny Stumborg-Rosin, Public Health Nurse I returned to work March 1, 1984 after 6 months maternity leave.

Mrs. Lorraine Tochor, Public Health Nurse I received educational leave commencing July, 1984. She is attending the University of Manitoba to obtain a Masters Degree in Community Health Nursing.

Melville: Mrs. Joan Oucharek worked on a part-time basis for 18 months until her resignation in June. This position was filled by Mrs. Bonnie Blenner-Hassett who transferred from the Moose Jaw Health Region.

Mrs. Sophie Bell, Public Health Nurse I retired effective September 30, 1984. Mrs. Bell worked in the Yorkton-Melville Health Region as a Public Health Nurse for 26 years. She will be greatly missed by the people in her community as well as staff with whom she worked.

Yorkton: Miss Marilyn Miller, Public Health Nurse I commenced employment in Yorkton rural January 2, 1984.

Mrs. Sandi Kozicki, Public Health Nurse I returned to work in Yorkton after an eight month indefinite leave.

Mrs. Bonnie Rushowick, Public Health Nurse II commenced six months maternity leave.

A basic orientation for newly recruited members to the Public Health Nursing staff is essential to familiarize the new employee with the services and programs of the Health Region.

Public Health Nursing services continued to be offered to all age groups. The demand for evening child birth education classes continued and are held throughout the Health Region. In 1984 the Yorkton-Melville Health Region had 1031 births. This represents 35.1% of pregnant women who are attending classes. We are pleased that the majority of fathers attended classes with their wives.

Prenatal teaching was also given on a one to one basis, 223 home visits as well as individual counselling to 307 mothers at Child Health Centres. Information is given regarding pregnancy, childbirth, nutrition, care of the newborn and guidance for adjustment in new family structure. Relaxation and breathing techniques are demonstrated and practised by the participants. One of the sessions includes a tour of the hospital obstetrical ward. These tours are planned jointly with hospital staff.

<u>Prenatal Class Enrollment</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Total Number of Classes	184	179	169
Total Number of Mothers	1112	1269	1137
Total Number of Fathers	829	984	939
Home Visits	264	201	223

The Public Health Nurse has a close working relationship with hospital and doctors. She is aware of the patients who will require follow-up visits when they return home and can provide continuity of nursing even under medical supervision.

Postnatal visits to new parents remain a high priority service for Public Health Nurses. The purpose is to assist parents meet the physical and emotional needs both for themselves and for their child. This is promoted by service given through hospital contact, home visits and encouragement of early and regular attendance at Child Health Centres. Of the total number of births in this region, approximately 91% of these mothers had home visits from the Public Health Nurse.

	<u>1982</u>	<u>1983</u>	<u>1984</u>
Number of Home Visits-Postnatal	953	953	844
Number of Home Visits-Infants	1156	1088	1054

Child Health Centres are offered at 35 centres throughout the Health Region. Public Health Nurses provide service primarily to infants and preschoolers at these clinics. Screening for health problems (vision, hearing, physical and emotional development), immunization and counselling to parents are offered. Referrals are made as needed to physician, Nutritionist, Speech/Language Pathologists, Parkland Early Childhood Intervention Program or other agencies as required.

All Child Health Centres have an appointment system to facilitate convenience for the families. The assistance of community volunteers who keep the appointment schedule is gratefully acknowledged.

<u>Services to Infants</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Number of Home Visits	1156	1088	1054
Child Health Centre Attendance	3605	3311	3455
Immunization: Primary DPT	1119	1047	1033
Primary OPV	1115	973	998

	<u>1982</u>	<u>1983</u>	<u>1984</u>
<u>Services to Preschoolers</u>			
Number of Home Visits	1133	1260	1033
Basic examination	1281	1234	870
Immunization: DPT Boosters	2142	2072	2100
OPV	1138	2073	2100
MMR	1138	1075	1086
Auditory Screening	1068	983	1003
D.D.S.T.	3379	3457	3364

School Services

The Public Health Nurse provides on-going services to all schools in the region. Activities of the nurse include: immunization, screening for vision, hearing, scoliosis, and referral to appropriate personnel or agencies. The Public Health Nurse continued to be a resource person to the teacher for various classroom educational programs. Individual teaching and counselling on personal health and health related topics is also carried out. The value of conference and consultation with school staff regarding student health is recognized by school personnel and our staff.

The past year we had an increased incidence of pediculosis capitis (lice), in our schools. This resulted in the Public Health Nurses having to spend increased time screening classrooms as well as notifying parents by letter and home visits. Pediculosis causes much anxiety and concern to parents so it is important to provide health education for the community at this time to help allay their fears.

<u>School Services:</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
scoliosis Screening	998	3490	1384
Auditory Screening	1701	1073	1528
Follow up counselling	3396	3558	2980
Rapid	2152	4689	2253
Students Discussed with parents	1866	1443	1437
Health Education Programs	1481	854	409

School Services (continued)

Immunization:

	<u>1982</u>	<u>1983</u>	<u>1984</u>
DT Boosters	1839	1338	1291
OPV	1842	1259	1259

Visiting individuals in their home environment still remains the most frequently used and highly regarded method of providing Public Health Nursing service. Home visits are made for a range of health concerns and present health teaching and supervision opportunities. Visits are made to individuals with chronically disabling diseases and post hospital follow-up through the nurse to nurse referral program. Follow-up services are provided to individuals who receive equipment through SAIL to the handicapped

	<u>1982</u>	<u>1983</u>	<u>1984</u>
Number of Home Visits:			
Adults under 65	1585	1494	1531
Adults over 65	1044	833	1120
Mentally Ill	34	12	13
Mentally Handicapped/ Physically Handicapped	428	329	351

Communicable Disease Control by investigation of source of the disease and prevention of spread is an important aspect of community health nursing. The more prevalent of these diseases included viral A hepatitis, salmonella and giardiasis.

	<u>1982</u>	<u>1983</u>	<u>1984</u>
Number of Home Visits-C.D.	312	310	407

HIGHLIGHTS OF THE YEAR

A health record audit committee has reviewed a number of records during the past year. This peer review of nursing service provides an important tool for reflecting on how the nursing service is given by the manner in which recording is done.

The Director of Nursing, Nursing Consultants and Regional Nursing Supervisors held regular meetings during the year. Efforts have been made in the area of standard setting and program evaluation. A program in which data has been collected and evaluated in scoliosis screening of children ages 5 and 6 and girls 11 and 12. The results were analyzed and recommendations were made which include discontinuation of screening of 5 and 6 year olds:

In the past year our Health Region supplied 4½ weeks of field experience for 7 College of Nursing students who are in their 3rd year. These students were completing clinical practice towards their B.Sc.N.

In October the Assistant Supervisors in the province were informed that the position was to be reduced to one Assistant Supervisor per Health Region. Consequently one of the Assistant Supervisors in our Health Region had to make a decision as to whether to transfer to a vacant Public Health Nurse II position within the province or demote to a Public Health Nurse I. This realignment of staff was to be completed by April 1, 1985.

Efforts continue to be coordinated with other agencies and individuals regarding suicidal crises. Vivianne Stewart, Assistant Regional Nursing Supervisor, serves actively on this committee. Management and prevention of suicide in the adolescent population has been chosen as their focus of concern. In Canada the suicide rate is greater than five times that of homicide in all age groups. Among teenagers in the last 10 years, an increase in suicides of 200+% is noted; and is considered their second leading cause of death. Saskatchewan is among the highest incidence rates of the provinces, and the Yorkton region is among the highest within Saskatchewan. An educational package has been developed by the committee, and is being presented throughout the region to interested community and school groups; their basic premise being that "Life is Precious - to be maintained and enjoyed".

I would like to express my sincerest thanks to the staff for the very high quality of service they are providing to the families and communities they service. I wish also to recognize the important contribution and cooperation of our clerical staff; as well as other disciplines on our Regional Staff.

ANNUAL REVIEW - 1984

Public Health Inspection

During the year, Mr. Nick Catchuk, Public Health Inspector II, went on early retirement, and at year end a permanent replacement had not yet been appointed. Mr. Laurie Wright was the Senior Public Health Inspector for the year, but is now the Senior at Moose Jaw, and the present policy is that two Health Regions will be served by one Senior Public Health Inspector; the present arrangement being that the Senior from the Melfort Region also serves the Yorkton Region.

The following are the major items of interest that occurred in 1984:

- Five Food Handler Courses were held - two in Yorkton, two in Kamsack, and one in Melville, with a total attendance of 94 participants. These courses are an important means of maintaining appropriate standards in eating establishments.

- An extensive fire in Foam Lake necessitated input from Public Health re the disposal of fire damaged foods, and safety of foods following the disruption of electricity.

- During the year a policy decision was made to transfer total responsibility for municipal water supplies, solid waste, municipal sewer system, and transport of liquid waste to the Department of Environment. However, we still are directly involved with private systems.

- There are still outstanding problems in Mobile Home Courts meeting the requirements of the legislation, as many of these evolved from trailer courts, and the required upgrading was not done.

- Three Public Health Inspectors attended a seminar on plumbing, to become more fully aware of current practices in this field.

- The Annual Continuing two week education course was attended by one inspector

- Surveys have been completed on the Crooked Lake, and Round Lake resort villages, and action is being pursued to get the few non-compliant cottage owners to upgrade their facilities to meet the appropriate health standards.

Also there is ongoing consultation with the Crystal Lake resort community as they wrestle with seeking the best alternative for bylaws and cottage expansion. A consultant report on this resort area has been helpful in clarifying the various options open to the community.

- We have been involved in cooperation with appropriate personnel in the extension to the Yorkton Union Hospital.

- Two Level I Swimming Pool Operators Courses were held during the year - one in Yorkton and one in Melville. These courses were conducted by Public Health Inspectors - total attendance was 29 people.

FACILITY - (Related Services)

	No. Field Visits		Field Visits		TIME SPENT (Hours)				Total		Percentage	
					Consultation		Formal Insp.					
	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984
Fishing Establishments	656	826	603	674	106	171	300	216	1009	1061	8.8	9.9
Food Distribution	33	227	77	154	50	79	16	127	143	360	1.2	3.3
Food Processing	64	59	77	63	33	45	14	24	124	132	1.1	1.2
Liquor Outlets	99	179	74	124	13	10	53	33	140	167	1.2	1.6
Municipal Water System	153	32	99	47	46	19	25	22	170	78	1.6	0.7
Private Water Supply	49	65	44	52	92	100	0	0	136	152	1.2	1.4
Public Water Supply	75	43	63	40	33	24	2	10	98	74	1.0	0.7
Municipal Sewage System	41	25	32	22	28	28	39	15	99	65	1.0	0.6
Private Sewage System	202	152	97	116	71	116	0	0	168	232	1.5	2.2
Public Sewage System	39	7	32	8	12	8	0	3	44	19	0.5	0.0
Solid Waste Disposal	207	143	168	42	82	56	62	29	312	127	2.7	1.2
Liquid Waste Transport	26	9	25	9	33	20	0	1	58	30	0.5	0.0
Hospitals	8	15	11	15	11	15	13	6	35	36	0.0	0.0
Schools	31	31	37	27	24	36	20	61	81	124	0.7	1.2
Institutions	19	22	22	27	15	13	25	22	62	62	0.5	0.6
Housing	221	240	214	209	113	96	0	0	327	305	2.9	3.0
Mobile Home Parks	20	9	17	7	17	11	3	4	48	22	0.5	0.0
Trailer Courts	9	4	10	4	9	2	12	3	31	9	0.0	0.0
Hotels	99	90	75	73	22	20	51	34	143	127	1.3	1.2
Industrial Facilities	11	26	11	24	5	7	24	10	40	41	0.5	0.5
Swimming Pools	6	3	5	3	4	1	0	0	9	4	0.0	0.0
Agricultural Facilities	102	89	115	86	44	44	20	20	179	150	1.6	1.5
Personal Service Facilities	41	43	47	41	39	19	0	0	86	60	0.7	0.6
Recreational Facilities	142	25	60	22	21	18	3	8	84	48	0.7	0.5
Public Facilities	342	310	336	302	84	105	22	61	442	468	3.8	4.3
Plumbing	75	79	74	80	31	42	7	20	112	142	1.0	1.4
Investigations	907	690	522	405	193	215	0	0	715	620	6.2	5.9
	159	208	241	276	75	72	0	0	316	348	2.8	3.2
TOTAL FACILITY RELATED SERVICES	3896	3657	3199	2942	1306	1351	711	729	5216	5063	45.5	46.7

GENERAL SERVICES

	TOTAL		TIME SPENT (Hours)		PERCENTAGE	
	1983	1984	1983	1984	1983	1984
Travel	1788	1600	15.6	14.8		
Meetings	362	380	3.2	3.5		
Surveys	91	106	1.0	1.0		
Monitoring	33	1	0.0	0.0		
Training Courses	404	426	3.5	3.9		
Other	133	73	1.2	0.7		
TOTAL GENERAL SERVICES	2811	2586	24.5	23.9		

OFFICE SERVICES

	1983	1984	1983	1984	1983	1984
Projects	43	72	0.5	0.7		
Staff Meetings	355	306	3.1	2.8		
Staff Development	388	312	3.3	2.9		
General Administration	2661	2488	23.1	23.0		
TOTAL OFFICE SERVICES	3447	3178	30.0	29.4		
GRAND TOTALS	11474	10827	100.0	100.0		

Regional Nutrition - Johanna Bergerman

Community nutrition resources are utilized to first create awareness of nutrition related problems and secondly provide appropriate solutions to individuals and groups seeking such assistance.

A major program thrust in coping with the obesity problem was the completion of the weight control leaders guide. This guide was written by the regional nutritionists and presented by Saskatchewan Health. This guide book gives basic information, a class format and lists available resources to lead a weight loss group. This manual is only available by attending a four hour workshop provided for, here in the Health Region. Two such workshops were held in early spring.

A third workshop on the management of overweight children was also considered to be a successful means of dealing with parental concerns about obesity.

Additional resources in the area of early childhood nutrition in the form of a series of tear sheets was also completed this year. These tear sheets are being provided to the public through the public health nurse. Presentation of the background information was made to the public health nurses. Some work has been done to develop this information into a postnatal presentation to parents. The film "Feeding Skills" has been purchased for this purpose.

March was the annual Nutrition Month promotion. The theme was Myths and Fallacies. This promotion is sponsored by the professional Dietetic Association with support from government and private agencies. This was an excellent opportunity to work closely with the local dietitians with the Yorkton Union Hospital, St. Peter's Hospital in Melville and the regional dietitians that work for Regional Hospital Services in the promotion of community nutrition concerns. It is also an excellent opportunity to provide nutrition information to schools, physicians, dentists, and dental nurses.

The 1984 Nutrition Month theme "Facts and Fallacies" is particularly relevant. Consumers are bombarded with nutrition and food related information. Much of the information is contradictory to the perplexity of the consumer.

Consumer information continues to be emphasized through weekly newspaper columns in all the local newspapers. Demand from readers for extra information and recipe sheets based on these columns are significant.

A nutrition information display was set up at the Home and Leisure Show as well as at three local Agriculture Information days in Buchanan, Sheho and Endeavour. A number of community contacts have been made through this exposure.

Maintenance of other service areas such as individual counselling, prenatal assessments, consultations regarding specific client concerns, and inservice to public health nurses continues as it has in the past years.

REGIONAL NUTRITIONIST

I. NUTRITION EDUCATION

A. Group Discussions, Lectures, Workshops, etc.

Number of Meetings - 72 Attendance: 1761

B. In-Service Training and Orientation Sessions (Individual or Group Basis)

Number - 9 Attendance: 75

C. Mass Media and Production of Special Materials, etc.

Radio - 7
Newspaper - 51
Other - 20 Total: 78

II. INDIVIDUAL COUNSELLING

Initial Visits

Diabetic - 6
Reducing - 16
Low Cholesterol - 1
Gastric - 4
Low Sodium - 2
Allergy - 12
Others - 35
Prenatal Assessments - 161
Prenatal Counselling - 37 TOTAL: 274

Follow-Up Visits

Diabetic - 2
Reducing - 6
Others - 14
Consultation re clients:- 66 TOTAL: 88

III. CONSULTATIVE SERVICES

Provided technical information, materials, advice	794
Requested information, materials	68
Meetings, conferences, workshops, conventions attended	22
Liaisons initiated	19
Visitors	2
Other Services	<u>1</u>
TOTAL:	906

Speech/Language Pathology - Mrs. Sharon Bond-Moore/Miss Heather Lounsbury

1984 has been a productive year for both speech/language pathologists. Established clinics in Yorkton and in district offices were well utilized with on-going therapy programs and many new referrals. As school-aged children were receiving service through their school division, an increased number of preschool children and adults were served. Any kindergarten children that were on the caseload previously as preschoolers continued to be seen. Agreement was made locally between Good Spirit Shared Services and Community Health that these children will be carried only until May 1985.

Clinics were held on a regular basis each week. Sharon Bond-Moore provided weekly service to Yorkton, Esterhazy and Melville areas. Heather Lounsbury held weekly clinics in Yorkton, Canora and Wynyard offices. In addition, the Preeceville and Kamsack Developmental Centres were visited by Heather Lounsbury on a semi-regular basis - approximately once a month. Sharon Bond-Moore provided consultative service weekly to the Yorkton Developmental Centre and the Parkland Activity Centre. Both ^{Speech/Language} pathologists continued to act as consultants for Parkland Early Childhood Intervention Program.

The number of adult referrals has increased significantly over this past year, particularly of stroke patients. We received a number of requests to provide services within the Kamsack, Canora and Yorkton Union Hospitals. Assessments were completed and programs outlined for implementation by nursing or hospital staff and family members. More intensive programs were implemented for those patients who were able to visit the Public Health Office on a regular basis.

The Speech/Language Pathologists were responsible for the identification and remediation of communication disorders in the following areas:

Articulation: phonetic distortions, omissions, or substitutions known variously as articulation, phonetic, speech sound production, or oral motor planning problems.

Language: varying degrees of difficulty in receiving, processing, interpreting, integrating, organizing, formulating or expressing symbolic information known variously as disordered, deviant or delayed language, or

phonological, morphological syntactic, and/or semantic problems and developmental or acquired aphasia.

Voice: - disturbances in phonatory frequency, intensity, duration, initiation and/or cessation, prosodic elements and aberrations in oral-nasal acoustic output during speech involving inappropriate modulation of the glottal wave form known variously as voice, phonation, glottal wave form, laryngeal vibratory problems, or disturbances or resonance.

Fluency: repeating or prolonging sounds, syllables, whole words or phrases, interjections or inappropriate sounds, words, or phrases, inappropriate intensity or frequency variations, inordinate pauses, hesitations, or silent production, difficulty in initiation or cessation of phonation; known variously as stuttering, stammering, rate and rhythm problems, fluency problems, and prosodic and timing problems.

Associated Conditions: - additional, contributing, or causative factors which accompany or compound an identified disorder (e.g. mental retardation, hearing impairment, behavioural disorder, et cetera).

An appreciable amount of time was devoted to public education. Presentations delivered in 1984 included:

Health Topic Tapings on CKOS-TV:

March 27, 1984 - Yorkton Chapter, Council for Exceptional Children (CEC) -
"Speech/Language Stimulation"

April 10, 1984 - Saskatchewan Dental Plan, Dental Assistants
"Normal and Disordered Aspects of Communication"

May 15, 1984 - Gerry Peppler's Good Morning Show
"May Is Speech and Hearing Month"

May 31, 1984 - Parents of children of the Parkland Early Childhood Intervention Program
"The Speech and Language Connection"

June 4 and June 25, 1984 - Staff of the Early Enrichment Program
"Language Stimulation for children enrolled in the summer program"

Other presentations included:

August 2, 1984 - Wynyard Union Hospital Staff "Facilitating Communication With Aphasics" (Stroke Patients)

August 8, 1984 - Canora Union Hospital Staff "Facilitating Communication With Aphasics"

October 20, 1984 - Dental Assistants Association "Organic Speech Disorders"

October 26 and 27, 1984 - Council for Exceptional Children, Provincial Convention "Semantic and Pragmatic Language Disorders"

November 17, 1984 - Annual Nursery School Workshop "Speech and Language Stimulation for the Preschool Child"

December 4, 1984 - English Second Language Teachers at Parkland Community College "Phonetics"

December 7, 1984 - Yorkton Regional Dental Plan Association "Organic Speech Disorders"

The conclusion of 1984 brought forth some concerns and projections for 1985. The loss of our Provincial Speech/Language Consultant in June 1984 has created a gap in the communication lines between the regional Speech/Language Pathologists. Efforts are being made on an individual and small group basis to develop materials to be used provincially and in local regions. Quarterly meetings have not been arranged as regularly as hoped. Individual/^{Speech/Language}pathologists have taken on responsibility for various matters as they arise. The need for a consultant to coordinate programs and inform all Speech/Language Pathologists on pertinent matters is missed.

Using group rather than individual therapy for a number of language and articulation disordered children was being considered as a more efficient delivery of service. This would allow for more patients receiving therapy and reduce the number awaiting therapy.

By the end of May 1985 the Yorkton-Melville Health Region will no longer be responsible for providing Speech/Language Pathology services to kindergarten children. Any pertinent information on school-aged children presently on our caseload will be released to the various school divisions by that time.

A productive and challenging year is hoped for again in 1985. We are grateful to our fellow regional health staff and health representatives for listening to our concerns, supporting our suggestions and advising us throughout 1984.

We hope to continue this atmosphere of cooperation in 1985 to ensure as efficient a service as possible.

STATISTICAL REPORT

NEW REFERRALS:

Preschool	112
School	11
Adult	21

SOURCE OF REFERRAL:

Public Health Nurse	97
Early Childhood Psychologist	1
Physician	14
Sask. Hearing Aid Plan	1 ²
Parent	8
Education	2
Other	21

NUMBER OF CLIENTS SEEN:

Assessment	104
Review	109
Discharged	137

MONTHLY AVERAGE OF CLIENTS SEEN FOR:

Treatment	24
Waiting for Assessment	10

Annual Report - 1984
Chiropody Program - Dr. A.N. Todd

The profession of Chiropody is concerned with the study of the foot in health and disease and with the diagnosis, treatment and management of foot disorders.

Chiropodists treat foot problems such as corns, callouses, ingrown, and deformed toenails, plantars warts, mechanical problems of the foot such as 'flat feet'. They also provide a screening service for children and advise on general foot health and footcare. Chiropodists are available to give presentations or workshops to any interested group or association.

In February 1984 the Provincial Chiropody program was inaugurated to provide a specialized footcare service for the people of Saskatchewan. By early 1985 there will be a chiropodist and assistant (CNA) in each of the Health Regions. The Yorkton Clinic was completed in mid August with the first patients being seen on August 27th, 1984. On October 11th, 1984 the clinic was officially opened by the Hon. Lorne McLaren, M.L.A., on behalf of the Hon. Graham Taylor, Minister of Health.

Because the program was new and the profession almost unheard of, I spent the first two months visiting the physicians, Public Health Nurses and Nursing Homes throughout the Region. This was done to explain the program and referral system and also to provide inservice training in basic footcare to the Nursing Home staff.

During the period August to December, seventeen presentations were given to physicians, Nursing staff, Home Care, special interest groups and nursing home staff. Over two hundred and fifty people attended these presentations. There was also some contact with the media during this period. Both local newspapers contacted me re the program and a radio interview was completed in Mid October. There were also two health topic spots with C.K.O.S. T.V. in October.

Although the response to the program has been slower than anticipated many of the people who have received treatment have expressed their satisfaction with the services provided. We expect that by our next annual report the clinic will be much busier.

CLINICAL AND STATISTICAL INFORMATION

CLINIC DATES AND TIMES

YORKTON Monday - Friday (Except when at Satellites) 0800-1200; 1300-1700

72 Smith Street, East, Yorkton

Telephone: 782-5111

LOCATION	CLINIC DATES (SATELLITES)	CLINIC TIMES	
		MONDAY	TUESDAY
Wynyard	1st Monday and Tuesday of each month	1000-1700	0800-1700
Canora	Monday and Tuesday following Wynyard Clinic	0900-1700	0900-1700
Melville	3rd Wednesday and Thursday of each month	0900-1700	0900-1700

Lunch 1200-1300

Some alterations may arise when public holidays coincide with clinics

Satellite clinics are held in the Public Health Office of each town.

ANNUAL STATISTICS AUGUST - DECEMBER 1984

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	% OF TOTAL
YORKTON	49	9	24	93	175	76.4%
Wynyard	11	2	6	5	24	10.5%
Canora	6	-	-	7	13	5.7%
Melville	9	3	4	1	17	7.4%
TOTAL	75	14	34	106	229	100.0%
% of total	32.8%	6.1%	14.8%	46.3%		

(for categories see Appendix II)

It is anticipated that once the clinics are fully operational that 60%+ of the case-load will consist of Category I and III patients.

There is no waiting list; at present all patients are offered appointments within two weeks of the referral being sent to our office.

APPENDICES

APPENDIX I

Services are provided on a referral only basis. Anyone who has a foot problem that can be helped by a chiropodist should first consult their family physician, Public Health Nurse, or Home Care Coordinator who will forward referral letters direct to our office.

APPENDIX II

Priority Groups. To ensure that the service is available to people with the greatest need, the following priorities have been designated:

- I. Medically At Risk Elderly
 - II. Medically At Risk General Population
 - III. Elderly with less severe or no medical problems
 - IV. Others not medically at risk
- N.B. Medically at risk - an acute or systemic problem which affects the foot
e.g. Diabetes, Heart Disease, acute or septic condition, affecting the feet which result in impeded mobility
Elderly: anyone aged 65 years or older

Anyone wishing further information about the Chiropody Program should contact:

Dr. A.N. Todd, Chiropodist
72 Smith Street, East,
Yorkton, Sask. S3N 2Y4
Telephone: 782-5111

ANNUAL REVIEW - 1984

Saskatchewan Hearing Aid Plan - Alison Blair

The Saskatchewan Hearing Aid Plan (SHAP) has conducted monthly and bi-monthly clinics in the Yorkton-Melville Health Region since the establishment of the Saskatchewan Hearing Aid Plan (SHAP) in 1973. Due to a large demand for SHAP services in this region, however, a permanent SHAP clinic was established in Yorkton in August, 1984.

Since August, 1984, a SHAP Audiologist (Alison Blair) has been in the Yorkton Clinic for three weeks each month. The remaining week, the audiologist, following the schedule of the audiologists in the Saskatoon and Regina clinics, maintains a regular caseload in another SHAP clinic, in this case, Saskatoon. For the audiologist in Yorkton, the week in the main clinic provides an opportunity for professional contact and development, and for inclusion in inservice presentations and workshops.

An audiometric technician (Howard Hendren) maintains the schedule established previous to August, 1984, and travels to Yorkton from the Regina Clinic for the second and fourth weeks of each month.

In the SHAP office in Yorkton, patients are seen for audiological evaluation, hearing aid fittings, and hearing aid checks. Minor services and repairs on hearing aids are also done by appointment and on a "drop-in" basis. Although individuals may request appointments for audiological evaluation, many patients in the Yorkton-Melville Region are referred by physicians, public health nurses, Speech/Language Pathologists, and other professionals.

In addition to the in-office services provided by SHAP, the audiologist/technician team occasionally provides services outside the clinical facility. One patient was seen in the Yorkton Union Hospital in the Autumn of 1984. Nursing home visits were made to the Centennial Special Care Home in Langenburg, the Centennial Special Care Home in Esterhazy, the Foam Lake Jubilee Home, the Gateway Lodge in Norquay, and the Yorkton and District Nursing Home.

The audiologist has made herself available to provide inservice training for special groups. To date, inservice presentations have been made to the Goodspirit Shared Services itinerant staff, and to the staff members at the Esterhazy Centennial Special Care Home and Gateway Lodge in Norqay.

As in all SHAP clinics, and especially those in Southern Saskatchewan, there is still a large waiting list for audiological evaluations in the Yorkton-Melville Region. This may be due, at least in part, to a greater public awareness of the existence of and the increase in SHAP services in the area. Although it was anticipated that the establishment of a permanent clinic would alleviate this problem, this does not seem to have been the case as yet. At present, the probability of increased SHAP staff and services in this region is unknown.

STATISTICAL REPORT

August 1, 1984 - December 31, 1984

Audiological Evaluations	- 315
Hearing Aid Fittings	- 142
Hearing Aid Checks	- 82
Drop-in	- 270

ADDENDUM TO 1984 ANNUAL REPORT

INFANT DEATHS

Of the 14 infant deaths occurring up to 1 year of age

- 5 occurred within 1 day of birth and were due to:
 - 3 congenital anomalies incompatible with life (hydrocephalus, agenesis of lung, and congenital heart disease)
 - 1 due to the respiratory distress syndrome
 - 1 due to foetal asphyxia
- 1 occurred at 15 days' old due to congenital gut perforation
- 8 occurred as post neonatal deaths and due to:
 - 2 cases of SIDS
 - 1 congenital heart disease
 - 1 neural tube defect (spina bifida)
 - 1 respiratory distress syndrome
 - 1 acute bronchopneumonia
 - 1 acute bronchitis
 - 1 unspecified

So of the 14 deaths - 2 occurred from SIDS

- 6 congenital anomalies incompatible with life

This left 6 possible potentially preventable deaths (i.e. 57% of all deaths were totally unpreventable).